

**Vector borne diseases in Maharashtra**

**502. SHRIMATI SUPRIYA SULE:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether vector borne diseases suffered by rats and cattle that was first diagnosed in Chandrapur farmer in 2004-05 has struck a second human—a Mumbai baby;

(b) whether there is any other evidence, except the two cases above, regarding transmission of this disease from rats to human in Maharashtra;

(c) if so, whether the health department has enquired about this disease and how this was transmitted to human body; and

(d) if so, whether any steps have been considered to check this disease from spreading to human body and what are the details of the same?

**THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS):** (a) As per information given by National Institute of Communicable Diseases, Delhi, the first such human case reported in October, 2004 from Chandrapur District of Maharashtra was due to the Cattle Parasite viz. *Trypanosoma evansi*, the second human case of a Mumbai baby reported in September, 2006 was due to the rat parasite viz. *Trypanosoma lewisi*.

(b) No, Sir.

(c) and (d) Do not arise in view of reply at item (b) above.

**Substandard medicines**

**†503. DR. PRABHA THAKUR:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the percentage of fake and sub-standard medicines of general use which are being sold currently and the names of the States where their sale is higher; and

(b) whether Government have been able to control the situation of manufacturing and sale of fake medicines in the market, if so, the details thereof and if not, the reasons therefor?

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Original notice of the question was received in Hindi.

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI):** (a) Information furnished by the State Drugs Control Organizations in respect of testing of samples of drugs in the country reveal that 7 to 8 percent of samples were reported to be not of standard quality and out of this 0.2 to 0.3 percent were found to be spurious. The word "fake drug" is not defined under Drugs & Cosmetics Act, 1940. However, spurious and misbranded drugs are commonly called as fake drug. As there is no restriction on movement of drug between States, it is not possible to specify any area or State where the incidence is higher.

(b) The Government is aware of the problem and had constituted expert committees from time to time to find ways and means to combat the menace of spurious drugs. The matter was also deliberated by an Expert Committee under the chairmanship of Dr. R.A. Mashelkar, Director General and Secretary, CSIR which was set up in 2003 for a comprehensive review of the drug regulatory system in the country including the extent of problem of spurious drugs and remedial measures to deal with this problem effectively. The major amendments proposed relate to enhancement of penalties prescribed under the Drugs and Cosmetics Act, provision of special courts for speedy trial of drug related offences compounding of offences, authorizing the police also to file prosecution for drug related offences and making all drug related offences cognizable and non-bailable. All this is expected to act as a strong deterrent for manufacturers of counterfeit drugs. This Ministry has already initiated the process of amending the Drugs and Cosmetics Act, 1940 to provide for stricter penalties, in pursuance of the recommendations of the Mashelkar Committee. Government of India has also launched a 5-year World Bank aided Capacity Building Project for Food Safety and Quality Control of Drugs with a total project cost of Rs. 354.25 crores. Extensive assistance is being provided to State Govts. to augment their drug testing facility by way of equipments, manpower, training and civil works under the Project and a strong IEC campaign for the education of the consumers has also been initiated.

Schedule-M has been amended to make it at par with International standards and it is mandatory for the manufacturers of drugs to comply with the requirement for quality control of product manufactured by them.